

SERFF Tracking Number: AMRS-125295061 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE COMPANY, ... State Tracking Number: AR-PC-07-026135
Company Tracking Number: AR-GL 2007-111-FORM
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Delay Adoption/

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY
Product Name: General Liability SERFF Tr Num: AMRS-125295061 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-026135
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AR-GL 2007-111- State Status:
FORM
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding
Author: Yvonne Johnson Disposition Date: 10/02/2007
Date Submitted: 09/19/2007 Disposition Status: Accepted For
Informational Purposes
Effective Date Requested (New): 02/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 02/01/2008 Effective Date (Renewal):

General Information

Project Name: Delay Adoption Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: ISO Reference Number: GL-2006-OCTFR
Reference Title: 2007 General Liability Multistate Forms Revision to be Implemented Advisory Org. Circular: LI-GL-2007-111
Filing Status Changed: 10/02/2007
State Status Changed: 09/19/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Amerisure Mutual Insurance Company and Amerisure Insurance Company wish to delay the adoption of revisions found in ISO Filing Designation Numbers GL-2006-OCTFR until February 1, 2008.

Company and Contact

SERFF Tracking Number: AMRS-125295061 State: Arkansas
 First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-026135
 COMPANY, ...
 Company Tracking Number: AR-GL 2007-111-FORM
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: General Liability
 Project Name/Number: Delay Adoption/

Filing Contact Information

Yvonne Johnson, Compliance Analyst I yvjohnson@amerisure.com
 26777 Halsted Rd. (800) 257-1900 [Phone]
 Farmington Hills, MI 48331 (248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 ----- CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number: State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
---	--	--

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
268516	\$20.00	09/19/2007

SERFF Tracking Number: AMRS-125295061 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-026135
COMPANY, ...
Company Tracking Number: AR-GL 2007-111-FORM
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Delay Adoption/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		10/02/2007	10/02/2007

SERFF Tracking Number: AMRS-125295061 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-026135
COMPANY, ...
Company Tracking Number: AR-GL 2007-111-FORM
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Delay Adoption/

Disposition

Disposition Date: 10/02/2007

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: AMRS-125295061 *State:* Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE *State Tracking Number:* AR-PC-07-026135
COMPANY, ...
Company Tracking Number: AR-GL 2007-111-FORM
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Delay Adoption/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMRS-125295061 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-026135
COMPANY, ...
Company Tracking Number: AR-GL 2007-111-FORM
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Delay Adoption/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Accepted for Informational 10/02/2007
Purposes

Comments:

Attachment:

AR-GL 2007-111-Form-777.pdf

Satisfied -Name: Cover Letter **Review Status:** Accepted for Informational 10/02/2007
Purposes

Comments:

Attachment:

AR-GL 2007-111-Form.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
------------	--	--

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2



Amerisure Mutual Insurance Company

Government Compliance & State Filings

Amerisure, Inc.
Amerisure Insurance Company
Amerisure Re (Bermuda) Ltd.

September 17, 2007

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Subject: Amerisure Mutual Insurance Company, NAIC No. 23396
FEIN No. 38-0829210, Group No. 124
Amerisure Insurance Company, NAIC No. 19488
FEIN No. 38-1869912, Group No. 124
Commercial General Liability
Company Filing No.: AR-GL 2007-111-Form
Delay Adoption of ISO 2007 Multistate Forms Revision
Designation Numbers GL-2006-OCTFR

Dear Commissioner,

Amerisure Mutual Insurance Company and Amerisure Insurance Company wish to *delay the* adoption of revisions found in ISO Filing Designation Numbers GL-2006-OCTFR until February 1, 2008.

My contact information is listed below; please do not hesitate to get in touch with me for any discrepancies in this filing.

Best regards,

A handwritten signature in black ink, appearing to read 'Yvonne Johnson', written in a cursive style.

Yvonne Johnson
Compliance Analyst
GL-2007-111